

County: Rock
PREMIER REHAB & SKILLED NURSING

Facility ID: 2080

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2121 PIONEER DRIVE
BELOIT

53511

Phone: (608) 365-9526

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 120

Total Licensed Bed Capacity (12/31/00): 120

Number of Residents on 12/31/00: 94

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

No

No

103

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	16.0
Supp. Home Care-Personal Care	No					1 - 4 Years	56.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.3	More Than 4 Years	27.7
Day Services	No	Mental Illness (Org./Psy)	24.5	65 - 74	8.5		
Respite Care	Yes	Mental Illness (Other)	8.5	75 - 84	36.2		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1.1	85 - 94	43.6	*****	
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	3.2	95 & Over	6.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	24.5	65 & Over	94.7		
Transportation	No	Cerebrovascular	8.5			RNs	7.9
Referral Service	No	Diabetes	17.0	Sex	%	LPNs	14.7
Other Services	No	Respiratory	7.4			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	4.3	Male	28.7	Aides & Orderlies	
Mentally Ill	No			Female	71.3		58.3
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Managed Care			Percent Of All Residents	
Level of Care	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	Total No.	
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	0	0.0	\$0.00	77	96.3	\$170.00	0	0.0	\$0.00	14	100.0	\$137.00	0	0.0	\$0.00	91	96.8%
Intermediate	---	---	---	2	2.5	\$170.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	2.1%
Limited Care	---	---	---	1	1.3	\$170.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1.1%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		80	100.0		0	0.0		14	100.0		0	0.0		94	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	32.3	Bathing	8.5	53.2	38.3	94
Private Home/With Home Health	0.0	Dressing	19.1	50.0	30.9	94
Other Nursing Homes	6.5	Transferring	33.0	29.8	37.2	94
Acute Care Hospitals	50.0	Toilet Use	28.7	31.9	39.4	94
Psych. Hosp. -MR/DD Facilities	0.0	Eating	73.4	17.0	9.6	94
Rehabilitation Hospitals	0.0	*****				
Other Locations	11.3	Continence				
Total Number of Admissions	62	Indwelling Or External Catheter	8.5	Special Treatments		%
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	68.1	Receiving Respiratory Care		2.1
Private Home/No Home Health	33.3	Occ/Freq. Incontinent of Bowel	55.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0			Receiving Suctioning		0.0
Other Nursing Homes	18.6	Mobility		Receiving Ostomy Care		1.1
Acute Care Hospitals	9.8	Physically Restrained	9.6	Receiving Tube Feeding		3.2
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets		28.7
Rehabilitation Hospitals	30.4	Skin Care		Other Resident Characteristics		
Other Locations	7.8	With Pressure Sores	4.3	Have Advance Directives		100.0
Deaths	0.0	With Rashes	1.1	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		56.4
(Including Deaths)	102			*****		

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	100-199	Ratio	Peer Group	Ratio	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.8	82.5	1.04	83.6	1.03	84.1	1.02	84.5	1.02
Current Residents from In-County	79.8	83.3	0.96	86.1	0.93	83.5	0.96	77.5	1.03
Admissions from In-County, Still Residing	17.7	19.9	0.89	22.5	0.79	22.9	0.78	21.5	0.83
Admissions/Average Daily Census	60.2	170.1	0.35	144.6	0.42	134.3	0.45	124.3	0.48
Discharges/Average Daily Census	99.0	170.7	0.58	146.1	0.68	135.6	0.73	126.1	0.79
Discharges To Private Residence/Average Daily Census	33.0	70.8	0.47	56.1	0.59	53.6	0.62	49.9	0.66
Residents Receiving Skilled Care	96.8	91.2	1.06	91.5	1.06	90.1	1.07	83.3	1.16
Residents Aged 65 and Older	94.7	93.7	1.01	92.9	1.02	92.7	1.02	87.7	1.08
Title 19 (Medicaid) Funded Residents	85.1	62.6	1.36	63.9	1.33	63.5	1.34	69.0	1.23
Private Pay Funded Residents	14.9	24.4	0.61	24.5	0.61	27.0	0.55	22.6	0.66
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.3	0.00	7.6	0.00
Mentally Ill Residents	33.0	30.6	1.08	36.0	0.92	37.3	0.88	33.3	0.99
General Medical Service Residents	4.3	19.9	0.21	21.1	0.20	19.2	0.22	18.4	0.23
Impaired ADL (Mean)	49.4	48.6	1.02	50.5	0.98	49.7	0.99	49.4	1.00
Psychological Problems	56.4	47.2	1.20	49.4	1.14	50.7	1.11	50.1	1.13
Nursing Care Required (Mean)	5.1	6.2	0.82	6.2	0.82	6.4	0.78	7.2	0.71